## **HCRIS Data Dictionary**

| -                |              |          |                                      |                                     |                      |
|------------------|--------------|----------|--------------------------------------|-------------------------------------|----------------------|
|                  |              | Null/Not |                                      |                                     |                      |
| Column Code      | Usage        | Null     | Title                                | Description                         | Valid Entries        |
|                  |              |          |                                      |                                     |                      |
|                  |              |          |                                      |                                     | 2 or A03 - E & Y     |
|                  |              |          |                                      |                                     | 3 or A01 - KPMG      |
| ADR_VNDR_CD      | CHAR(3)      | NULL     | Automated Desk Review Vendor Code    | Vendor for Fiscal Intermediary.     | 4 or A05 - HFS       |
|                  |              |          |                                      |                                     | Per Specification    |
| ALPHNMRC_ITM_TXT | CHAR(40)     | NOT NULL | Alphanumeric Item Text               | Provider reported alpha data.       | Table                |
|                  |              |          |                                      | Valid Column Number defined as      |                      |
|                  |              |          |                                      | follows: xxyy where xx = Column     |                      |
|                  |              |          |                                      |                                     | 0100, Column 1.01 =  |
| CLMN_NUM         | CHAR(4)      | NOT NULL | Column Number                        | Number                              | 0101                 |
|                  |              |          |                                      | Date the FI created the HCRIS       |                      |
| FI_CREAT_DT      | DATE         | NULL     | Fiscal Intermediary Create Date      | file.                               | MM/DD/YYYY           |
|                  |              |          |                                      | Fiscal Intermediary Number in       |                      |
|                  |              |          |                                      | effect at the time of cost report   |                      |
| FI_NUM           | CHAR(5)      | NULL     | Fiscal Intermediary Number           | filing.                             | Assigned FI Number   |
|                  |              |          |                                      | Date cost report was received by    |                      |
| FI_RCPT_DT       | DATE         | NULL     | Fiscal Intermediary Receipt Date     | Fiscal Intermediary.                | MM/DD/YYYY           |
|                  |              |          |                                      | Cost Report Fiscal Year             |                      |
| FY_BGN_DT        | DATE         | NULL     | Fiscal Year Begin Date               | beginning date.                     | MM/DD/YYYY           |
|                  |              |          |                                      | Cost Report Fiscal Year ending      |                      |
| FY_END_DT        | DATE         | NULL     | Fiscal Year End Date                 | date.                               | MM/DD/YYYY           |
|                  |              |          |                                      | Y or N, Y = the first cost report   |                      |
|                  |              |          |                                      | filed for this provider. (Not       |                      |
| INITL_RPT_SW     | CHAR(1)      | NULL     | Initial Report Switch                | actively used.)                     | Y, N or blank        |
|                  |              |          |                                      |                                     | See ECR              |
| ITM_VAL_NUM      | NUMBER       | NOT NULL | Item Value Number                    | Provider reported numeric data.     | Specifications Table |
|                  |              |          |                                      | Y or N, Y = the final cost report   |                      |
|                  |              |          |                                      | filed for this provider. (Not       |                      |
| LAST_RPT_SW      | CHAR(1)      | NULL     | Last Report Switch                   | actively used.)                     | Y, N or blank        |
| <u> </u>         | O: 11 t. (1) |          | Zact (topolt outlon                  |                                     | Example: Line 1 =    |
|                  |              |          |                                      |                                     | 00100, Line 1.01 =   |
| LINE_NUM         | CHAR(5)      | NOT NULL | Line Number                          | Valid Line Number defined as foll   | 1                    |
|                  | 011111(0)    |          |                                      | Tana Line Harrison domined do folio | Assigned Provider    |
| NPI              | NUMBER       | NULL     | National Provider Identifier         |                                     | Number               |
| NPR_DT           |              | NULL     | Notice of Program Reimbursement Date | Date Provider received NPR          | MM/DD/YYYY           |
| ·····            | 2/112        |          |                                      | Unique health identifier for health |                      |
|                  |              |          |                                      | care providers. Established         |                      |
|                  |              | I        | National Provider Identifier         | oaro providoro. Lotabiloriou        | I                    |

## **HCRIS** Data Dictionary

|                    |         |          |  | The date the cost report was       |                        |
|--------------------|---------|----------|--|------------------------------------|------------------------|
| PROC_DT            | DATE    | NULL     | Process Date                             | processed into HCRIS.              | MM/DD/YYYY             |
|                    |         |          |  | Type of ownership from Table 3A    |                        |
| PRVDR_CTRL_TYPE_CD | NUMBER  | NULL     | Provider Control Type Code               | of Specifications.                 | See Table              |
|                    |         |          |  | Valid Provider Number defined      |                        |
|                    |         |          |  | as follows: xxyyyy where xx =      |                        |
|                    |         |          |  | State Code and yyyy = Assigned     |                        |
| PRVDR_NUM          | CHAR(6) | NOT NULL | Provider Number                          | Provider Range                     |                        |
|                    |         |          |  | HCRIS assigned cost report         |                        |
| RPT_REC_NUM        | NUMBER  | NOT NULL | Report Record Number                     | specific number.                   |                        |
|                    |         |          |  |                                    | 1 = As Submitted       |
|                    |         |          |  |                                    | 2 = Settled w/o Audit  |
|                    |         |          |  |                                    | 3 = Settled with Audit |
|                    |         |          |  |                                    | 4 = Reopened           |
| RPT_STUS_CD        | CHAR(1) | NOT NULL | Report Status Code                       | Type of cost report.               | 5 = Amended            |
|                    | ì       |          |  | HCRIS code used for special        |                        |
| SPEC_IND           | CHAR(1) | NULL     | Special Indicator                        | purposes.                          |                        |
|                    | ì       |          |  | Transmittal Number or              |                        |
|                    |         |          |  | transmittal version used to create |                        |
| TRNSMTL_NUM        | CHAR(3) | NULL     | The current transmittal or version numbe | the cost report                    |                        |
|                    | ì       |          |  |                                    | L - Low Medicare Util  |
|                    |         |          |  |                                    | N - No Medicare Util   |
|                    |         |          |  |                                    | F - Full Medicare Util |
|                    |         |          |  | Level of Medicare utilization of   | Blank - Full Medicare  |
| UTIL_CD            | CHAR(1) | NULL     | Utilization Code                         | filed cost report.                 | Util                   |

## SSA State Code Table (First and second number of Provider Number) Effective October 2005

| State_Name      | Ssa_State_Cd |
|-----------------|--------------|
| UNKNOWN         | 0            |
| Alabama         | 1            |
| Alaska          | 2            |
| Arizona         | 3            |
| =               | 4            |
| Arkansas        |              |
| California      | 05, 55       |
| Colorado        | 6            |
| Connecticut     | 7            |
| Delaware        | 8            |
| Washington D.C. | 9            |
| Florida         | 10, 68, 69   |
| Georgia         | 11           |
| Hawaii          | 12           |
| Idaho           | 13           |
| Illinois        | 14           |
| Indiana         | 15           |
| Iowa            | 16           |
| Kansas          | 17, 70       |
|                 | 17, 70       |
| Kentucky        |              |
| Louisiana       | 19, 71       |
| Maine           | 20           |
| Maryland        | 21           |
| Massachusetts   | 22           |
| Michigan        | 23           |
| Minnesota       | 24           |
| Mississippi     | 25           |
| Missouri        | 26           |
| Montana         | 27           |
| Nebraska        | 28           |
| Nevada          | 29           |
| New Hampshire   | 30           |
| New Jersey      | 31           |
| New Mexico      | 32           |
| New York        | 33           |
| North Carolina  | 34           |
|                 |              |
| North Dakota    | 35           |
| Ohio            | 36           |
| Oklahoma        | 37, 72       |
| Oregon          | 38           |
| Pennsylvania    | 39, 73       |
| Puerto Rico     | 40           |
| Rhode Island    | 41           |
| South Carolina  | 42           |
| South Dakota    | 43           |
| Tennessee       | 44           |
| Texas           | 45, 67, 74   |
| Utah            | 46           |
| - C.C. 1        | 40           |

| Vermont        | 47 |
|----------------|----|
| Virgin Islands | 48 |
| Virginia       | 49 |
| Washington     | 50 |
| West Virginia  | 51 |
| Wisconsin      | 52 |
| Wyoming        | 53 |
| American Samoa | 64 |
| Guam           | 65 |
| Other          | 99 |
| Texas          | 67 |
| Florida        | 68 |
| Other          | 99 |

|           |      | Convention for Types of Facilities:  |
|-----------|------|--|
| Effective |      | er 2005  |
|           |      |  |
| From      | То   | Type of Facility   |
|           |      | Short Term (General and Specialty) Hospitals                                 |
|           |      | Reserved for Hospitals participating in ORD Demo Project                     |
|           |      | Multiple Hospital Component in a Medical Complex (#'s Retired)               |
|           |      | Reserved for Future Use  |
|           |      | Alcohol/Drug Hospitals (#'s Retired)   |
|           |      | Medical Assistance Facilities  |
|           |      | Rural Primary Care Hospitals   |
|           |      | Continuation of CMHC's (4900-4999 series)                                    |
|           |      | Hospices   |
|           |      | Federally Qualified Health Centers (FQHC)                                    |
|           |      | Religious Non-Medical Health Care Institutions                               |
|           |      | Long-Term Hospitals (Excluded from PPS)                                      |
|           |      | Chronic Renal Disease Facilities (Hospital Based)                            |
|           |      | Non-Hospital Renal Disease Treatment Centers                                 |
|           |      | Independent Special Purpose Renal Dialysis Facility                          |
|           |      | Formerly Tuberculosis Hospitals (#'s Retired)                                |
|           |      | Rehabilitation Hospitals (Excluded from PPS)                                 |
|           |      | Continuation of Subunits of Nonprofit & Proprietary HHA's (7300-7399 series) |
|           |      | Continuation of CORF's (4800-4899 series)                                    |
| 3300      |      | Children's Hospitals (Excluded from PPS)                                     |
|           |      | Continuation of RHC's (Provider-based) (3975-3999 series)                    |
|           |      | Renal Disease Treatment Centers (Hospital Satellites)                        |
| 3700      | 3799 | Hospital Based Special Purpose Renal Dialysis Facility                       |
|           |      | Rural Health Clinics (Free Standing)   |
| 3975      | 3999 | Rural Health Clinics (Provider Based)  |
|           |      | Psychiatric Hospitals (Excluded from PPS)                                    |
| 4500      | 4599 | Comprehensive Outpatient Rehabilitation Facilities                           |
| 4600      | 4799 | Community Mental Health Centers  |
|           |      | Continuation of CORF's (4500-4599 series)                                    |
|           |      | Continuation of CMHC's (4600-4799 series)                                    |
|           |      | Skilled Nursing Facilities   |
| 6500      |      | Outpatient Physical Therapy Services/Speech Pathology Services               |
|           |      | Skilled Nursing Services (Religious)   |
| 7000      |      | Home Health Agencies   |
|           |      | Subunits of "Nonprofit" and "Proprietary" HHA's                              |
| 7400      |      | Continuation of HHA's (7000-7299 series)                                     |
| 7800      | 7999 | Subunits of State and Local Governmental HHA's                               |
| 8000      | 8499 | Continuation of HHA's (7400-7799 series)                                     |
| 8500      | 8899 | Continuation of RHC's (Provider-based) (3400-3499 series)                    |
| 8900      | 8999 | Continuation of RHC's (Free-Standing) (3800-3974 series)                     |
| 9000      | 9799 | Continuation of HHA's (8000-8499 series)                                     |
| 9800      | 9999 | Reserved for Future Use  |